PTO/SB/81 (07-09)
Approved for use through 11/30/2011, OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/597,966					
Filing Date	AUGUST 14, 2006					
First Named Inventor	PETER LE VIEVRE MULTI-TUBE SOLAR COLLECTOR STRUCTURE 3749 NIKHIL P. MASHRUWLA AUSLTD-006US					
Title						
Art Unit						
Examiner Name						
Attorney Docket Number						

7		********		**************************************				AUSLID-00	2008
I heret	oy revoke a	ill pr	evious powers	of attorney give	en in the a	bove-id	entified applic	ation.	***************************************
	A Power of Attorney is submitted herewith. OR I hereby appoint Practitioner(s) associated with the following Cust Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States and Trademark Office connected therewith: OR					Patent			
Ologea									
Please	recognize o	or cn	ange the corre	spondence add	ress for the	above	identified app	lication to:	
	The address	3 8880	oclated with the at	ove-mentioned Cu	stomer Num	ber:			
							***************************************	1	
م لسا	The address OR	asso	iciated with Custo	mer Number;					
***************************************	***************************************	~	-						
	irm or idividual Name	_				*****************			The state of the s
Addres		e	*/						
City						State		· · · · · · · · · · · · · · · · · · ·	Zip
Countr	у		***************************************			<u> </u>			
Teleph	ione					Email		,,,,,	Mary Comment of the C
I am the:	***************************************				···				
OR	Applicant/inv	entar							
K	Assignee of r	reborr	d of the entire inte	rest. See 37 CFR 3	2 23				
				enclosed. (Form P		والمستقلاسية	harana an		
•••••••••••••••••••••••••••••••••••••••		~~~	and the second second			-		on	
Signatura		·········		SIGNATURE of A	pplicant or /	Assignee	of Record		
Signature				and the second				Date	Decombes 17 m
Name Title and (ert E. Fishman	***************************************				Telephone	650-424-4300
			tor of AUSRA PTY t		***************************************	~~~	****************	***************************************	
signature is	required, see b	elow*	លោក ហា អងស្នាកមមន ជា	record of the entire is	nterest or their	representa	ative(s) are required	. Submit multip	ole forms if more than one
	*Total of		forms are	submitted				****************	

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to the LISFTO to process) an application. Confidentistify is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is additionable to take 3 minutes to comprete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary appending up this hardward case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chef information Order, U.S. Patients, U.S. Dispartment of Commerce, P.O. Box 1450, Alexandria, VA 22315-1450. ON NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Committee for Patients, P.O. Box 1450, Alexandria, VA 22315-1450.